## FEC FORM 1

## STATEMENT OF **ORGANIZATION**

RECEIVED FEC MAIL GENTER

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			O Jilly	PINSAPRY _ / AM	<u> </u>
NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	, , , , , , , , , , , , , , , , , , , ,	رپۍ ۱۱۰
WALOR Super	ri PACIII	<u> </u>	<u> </u>	<u>                                      </u>	لـــــا
ADDRESS (number and street)	13.033 WILLS	OM BLIVIDI ISIT	E E218	<u> </u>	
(Check if address is changed)			· 		
	ARLINITION, CITY		STATE A	ZIP CODE ▲	لـــا
COMMITTEE'S E-MAIL ADDRE	ss				
(Check if address Is changed)	Valorsupe	rpacagmail	· · C O M		
7	Optional Second E-Mail Ad				
- COMMITTEE'S WEB PAGE ADI	DRESS (URL)				
(Check if address is changed)			<u> </u>		
		<del>                                      </del>			1.1
8 2. DATE $\left[\begin{array}{c} M & M \\ O & 4 \end{array}\right]' \left[\begin{array}{c} O \\ O \end{array}\right]$	4 2016				
3. FEC IDENTIFICATION NU	JMBER ▶ CO	0,5,8,47,55			
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)			
I certify that I have examined th	ils Statement and to the best	of my knowledge and belief it	is true, correct and c	omplete.	
Type or Print Name of Treasure	MICHELLE M	ERLOS			
Signature of Treasurer	Medi M	Parlos	Date 04	04 201	16
NOTE: Submission of false, errone	•	may subject the person signing to		enalties of 52 U.S.C.	§30109.
Office Use Only		For further information of Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	on F	EC FORM 1 (Revised 06/2012)	

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the can	didate
	11
State	

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TYPE OF COMMITTEE

	Car	ndidate	Committee:
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
	Nam Can	e of didate	
		didate y Affiliatio	Office State Sought: House Senate President District
!	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
)		e of didate	
j	Par	ty Con	nmittee:
) `	(d)		This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.
,	Pol	itical A	ction Committee (PAC):
)	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
		•	Corporation Corporation w/o Capital Stock Labor Organization
المسائدة المسائدة			Membership Organization Trade Association Cooperative
			in addition, this committee is a Lobbyist/Registrant PAC.
ĺ	(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party
j		<b>/=1</b> 3	committee. (i.e., nonconnected committee)
\$			In addition, this committee is a Lobbyist/Registrant PAC.
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
	Join	t Fund	raising Representative:
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
		Com	mittees Participating in Joint Fundraiser
		1.	FEC ID number C
		2.	FEC ID number C

FEC ID number

FEC ID number

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Write or Type Committee	Name	
Valor Super 1	AC.	
	ted Organization, Affiliated Committee, Joint Fundralsing Representative, o	r Leadership PAC Sponsor
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WOWE		
Mailing Address		
		1 1-1
	CITY STATE	ZIP CODE
Relationship: Conr	nected Organization Affiliated Committee Joint Fundraising Representativ	ve 🔝 Leadership PAC Spons
, lora sorioriipi	Egitation group community	
Full Name		
Title or Position	CITY STATE	ZIP CODE
<u> </u>	Telephone number	<u> </u>
8. Treasurer: List the name any designated agent (6)	e and address (phone number optional) of the treasurer of the committee; a s.g., assistant treasurer).	nd the name and address of
Full Name of Treasurer	Chella Merlas	<del>                                      </del>
Mailing Address	3033 WILSON BILVE 518 E21	8
	Ariling Ton	222011-
	<del></del>	
Title or Position	CITY STATE	ZIP CODE

			·
Full Name of Designated Agent <u>Mai</u>	Chelle Menhos		<u> </u>
Mailing Address	3,3,6,3, WALSOM BILIVID IS	TIEL EIZ	118
		<del></del>	
	ANULIONGIZIONI IIIIIII	VA STATE	222011-LI
Title or Position			
TIMEASINITIE	LT   Telephone	number	
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CITY

ZIP CODE

STATE

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(3/2015)

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